Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10770614

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24					RATE	. FEE	7	RATE	FEE
F	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	24minus 20=		* Y			X\$ 9=		OR	X\$18=	77-
INI	DEPENDENT C	LAIMS	3 minus 3 =		*		·	X43=		OR	X86=	
Μl	JLTIPLE DEPE	NDENT CLAIM P	RESENT		-			+145=		OR	+290=	
* 11	the difference	e in column 1 is	ero, enter	"0" in (column 2		TOTAL	†	OR	TOTAL	840	
CLAIMS AS AMENDED - PART II								OTHER THAN				
(Column 1)			(Colum			(Column 3)		SMALL	ENTITY	OR.	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
	Independent	*	Minus	***	0: 4:14	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
11420								TOTAL		_	TOTAL	
ADDIT. FEEOR ADDIT. FE												
_		(Column 1)	<u> </u>	(Colum		(Column 3)	1 -			1 1		
T B		REMAINING AFTER		NUME PREVIO	ER	PRESENT EXTRA	11	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT B		AMENDMENT		PAID F	OR		-		FEE		· ·	FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent FIRST PRESE	* NTATION OF ML	Minus	ENDENT	CLAIM]=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	***	(Column 1)		(Colum	n 2)	(Column 3)		•				·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X43=		ŀ	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=		OR		
* 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OF TOTAL ADDIT. FEE												
		ber Previously Paid					· foun	d in the app	r priate box	in colu	mn 1.	